

Best Available Copy

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 091937082 FILING DATE _____
APPLICANT(S) _____

CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
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49												
50												
TOTAL IND.	3											
TOTAL DEP.	24											
TOTAL CLAIMS	27											

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS